

FORM L-DS-I (01/2016)

INFORMATION AND INSTRUCTIONS FOR OUT-OF-STATE WINERY DIRECT SHIPPER'S PERMIT

OUT-OF-STATE WINERY DIRECT SHIPPER'S PERMIT (DS) – Allows the holder to sell and deliver wine that is produced or bottled by the permittee to an ultimate consumer located in a wet or dry area in the State of Texas. Wine must be delivered by a common carrier that holds a carrier's permit issued by the Texas Alcoholic Beverage Commission. Permittee may not deliver to the same consumer in this state more than nine gallons of wine within any calendar month or more than 36 gallons of wine within any 12-month period; or sell to ultimate consumers more than 35,000 gallons of wine annually. The State fee is \$150 with a surcharge of \$376 and the permit will expire two years from date of issuance.

This permit may only be issued to a person who:

- Does not hold a winery permit in the State of Texas;
- Operates a winery located in the United States and holds all state and federal permits necessary to operate the winery at the permitted location, including the federal winemaker's and blender's basic permit;
- Holds a Texas Sales Tax Permit;
- Expressly submits to personal jurisdiction in Texas state and federal courts and expressly submits to venue in Travis County, Texas, as proper venue for any proceeding that may be initiated by or against the commission; and
- Does not directly or indirectly have any financial interest in a Texas wholesaler or retailer as those terms are used in Section 102.01 of the Alcoholic Beverage Code.

Mail the original application, along with the correct permit fees to the **Texas Alcoholic Beverage Commission**, **P.O. Box 13127**, **Austin**, **Texas 78711**. Make a duplicate copy for your files. The total amount of fees plus surcharges to cover the two-year period MUST be paid at the time of application. Fees may NOT be prorated or refunded. The fee must be paid with a Cashier's Check, Money Order, or Firm Check from a corporate permittee made payable to the Comptroller of Public Accounts. Personal checks are **not** accepted.

Any questions regarding your Texas Sales Tax Permit, please access the Texas Comptroller's website at www.window.state.tx.us. Should you require additional assistance contact Tax Assistance at (800) 252-5555.

If you have any questions regarding your permit application, please contact the Licensing Division of the Texas Alcoholic Beverage Commission at (512) 206-3360.



APPLICATION FOR OUT-OF-STATE WINERY DIRECT SHIPPER'S PERMIT (DS)

L-DS (01/2016)

All statutory and rule references mentioned in this application refer to and can be found in the Texas Alcoholic Beverage Code or Rules located on our website. www.tabc.texas.gov/laws/code_and_rules.asp **ISSUE DATE** FEE SURCHARGE **LATE FEE** DS -\$150 \$376 Registry No. 1. APPLICANT IS FILED FOR: ☐ Individual ☐ Corporation ☐ Limited Liability Company ☐ Partnership Other: ☐ Limited Liability Partnership ☐ Limited Partnership 2. Trade Name of Business **3.** Address of Location (must be U.S. Winery address as shown on TTB Permit.) State Zip Code (9 digits) 4. Mailing Address City State Zip Code (9 digits) **5.** Business Telephone No. Alternate Telephone No. E-Mail Address: Provide the applicant's Texas Sales Tax Permit Number: _ **NOTE:** Your application cannot be approved without a valid Texas Sales Tax Permit Number. 7. Does the applicant hold a Winery Permit in the State of Texas? 7. YES NO 🗌 8. Does the applicant operate a winery located in the United States and hold all state and federal permits ☐ YES NO ☐ necessary to operate the winery, including the federal winemaker's and blender's basic permit? If "YES," indicate your TTB Permit Number: _ Copy Must be Attached. INDIVIDUAL OWNER Social Security Number Issuing State / Driver License Number Date of Birth (mm/dd/yyyy) Full Legal Name (Last, First, Middle) Permanent Mailing Address City State Zip Code (9 digits) Residential Address State City Zip Code (9 digits) **INITIAL APPLICATION INCOMPLETE PROCESSOR REVIEW DATE:** ADDITIONAL CORRESPONDENCE YES - NO YES - NO PROCESS DATE: PROCESSOR I.D.: PROCESSOR ERROR YES - NO

REPORTING OWNERSHIP

If multiple levels of ownership, use this form to disclose each entity at each level. Use additional copies if necessary to disclose each level.

- If applicant is a partnership, 100% of the interest in the partnership must be accounted for among the partners listed. If one or more of your general or limited partners is a limited partnership or limited liability partnership, complete an additional section of question 10 for each partnership. If one or more of your general or limited partners is a corporation, complete question 10 for each corporation or Limited Liability Company.
- If applicant is a corporation and stockholder is corporation, provide pertinent information as indicated in question 10F.

PARTNERSHIPS / CORPORATIONS / LIMITED LIABILITY COMPANY							
• •	nership and complete the information below Limited Liability Company		artnership 🗌 L	imited Lia	bility Partnership		
• •	I.D. No.:						
C. Entity Name:							
D. Filing No.:	Date Approved:State:State:						
E. Number and class of	of shares, memberships or units issued:						
F. COMPLETE THE FO	DLLOWING FOR REPORTING OWNERSH	HP:					
Social Security Number	Issuing State and Driver's License Number	Date of Birth (mm/dd/yyyy)		Class & No. Shares Held or % Memberships or % Interest			
Full Legal Name (Last, First Middle)							
Residential Address			City	State	Zip Code (9 digits)		
Social Security Number	Issuing State and Driver's License Number	Date of Birth	irth (mm/dd/yyyy) Class & No. Shares Held or % Memberships or % Interest				
Full Legal Name (Last, First	t Middle) ☐ Officer ☐ Partner ☐ Director/ ☐ Manager	Stockholder/ Member	Title				
Residential Address			City	State	Zip Code (9 digits)		
Social Security Number	Issuing State and Driver's License Number	Date of Birth	(mm/dd/yyyy)	Class & No. Shares Held or % Memberships or % Interest			
Full Legal Name (Last, First	t Middle)	Stockholder/ Member	Title				
Residential Address			City	State	Zip Code (9 digits)		
Social Security Number	Number Issuing State and Driver's License Number Date of Birth (mm		(mm/dd/yyyy)	Class & No. Shares Held or % Memberships or % Interest			
Full Legal Name (Last, First	t Middle) ☐ Officer ☐ Partner ☐ Director/ ☐ Manager	Stockholder/ Member	Title				
Residential Address			City	State	Zip Code (9 digits)		

(IF YOU NEED ADDITIONAL SPACE FOR MORE NAMES, USE ADDITIONAL COPIES OF THIS PAGE)

	ALL APPLICANTS
prohibited relationships (including industry at different levels, that is	•
11. Is any person, involved in the If "YES," attach an explanation	is application, in violation of the above requirements? 11. YES NO tion.
12A. Has any person named in q deferred adjudication for a f	uestions 9 or 10F or his or her spouse been finally convicted or received 12A. YES NO elony offense?
B. If answer to 12A is "YES," I probation served for any off If "NO," attach an explanation	
law, or municipal ordinance	uestions 9 or 10F been convicted of any offense(s) under federal or state involving violations of an individual's civil rights or discrimination against race, color, creed or national origin?
representation in an application for	e Texas Alcoholic Beverage Code is as follows: "a person who makes a false statement or false or a permit or license or in a statement, report, or other instrument to be filed with the Commission and offense punishable by imprisonment in the Texas Department of Criminal Justice for not less than 2 nor
	ACKNOWLEDGMENT
If Applicant is: Who Must Sign: Individual Individual Owner Partnership Partner Corporation Officer Ltd. Partnership General Partner Ltd. Liability Partnership Ltd Liability Co. Officer or Manag	and expressly submit to venue in Travis County, Texas, as proper venue for any proceedings that may be initiated by or against the commission. PRINT NAME: SIGN
(SEAL)	Before me, the undersigned authority, on this day of 20 the person whose name is signed to the foregoing application personally appeared and, duly sworn by me, states under oath that he or she has read the said application and that all the facts therein set forth are true and correct. SIGN HERE:
	INSTRUCTIONS
LICENSE/PERMITS ARE ISS	JED FOR A TWO-YEAR PERIOD. You MUST renew for the entire two-year period. The total amount

- 1. LICENSE/PERMITS ARE ISSUED FOR A TWO-YEAR PERIOD. You MUST renew for the entire two-year period. The total amount of fees plus surcharges to cover the two-year period MUST be paid at the time of renewal. Fees may NOT be prorated or refunded.
- 2. Prepare the application in duplicate. Mail the original application to the Texas Alcoholic Beverage Commission, P.O. Box 13127, Austin, Texas 78711 with the correct permit fees. Keep duplicate copy for your files.
- 3. Fee must be paid with Cashier's Check, Money Order, or Firm Check from a corporate permittee made payable to the Comptroller of Public Accounts. We will not accept personal checks. The fees and surcharges are shown below:

Class of Permit	Annual State Fee	Surcharge	Total Due
Out-Of-State Winery Direct Shipper's Permit	\$150.00	\$376.00	\$526.00

4. To obtain a Sales and Use Tax Permit access the Texas Comptroller's web site at www.window.state.tx.us. Should you require additional assistance contact Tax Assistance at (800) 252-5555.